POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		1-24-02
O.I.P.E. CLASSIFIER			1/30
FORMALITY REVIEW	T.W	844	02 01 02
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
⁼ (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim Final	Original	Date							Claim Final	Original	Date									Claim Final	Original	Date							
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50									100												150									

If more than 150 claims or 10 actions
staple additional sheet here

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